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APPLICATION NO.	FILING DATE	FIRST N	AMED INVEN	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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CFR 1.363). ☐ Change of corresponde Address form PTO/SB/1: XX"Fee Address" indicati	on (or "Fee Address" Indicat	Correspondence (1) the or age (2) the tion form regis	he names of ents OR, alte ne name of a tered attorne	the patent front page, lisup to 3 registered patent matively, single firm (having as a y or agent) and the name t attorneys or agents. If	nt attorneys I Fay, S I member a 2 Minnic les of up to	harpe, Fagan, h & McKee, LLP
Number is required.	or more recent) attached. Use	listed	l, no name w	ill be printed.	110 Haine 13 3	•

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GELcore LLC

Valley View, Ohio

Please check the appropriate assignee category or categories (will not be	e printed on the patent);	🗅 individual	S corporation or other private group entity	☐ government			
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.						
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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	7. D b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).						

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Reg. No. 33,961

(Date)

November 12, 2004

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